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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09656

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1. Corporatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
B & H GROUP HOMES, INC.													
)						
Principal Place of Business Mailing Address													
· ·													
6465 - 32ND AVENUE NORTH P.O. BOX 14072							3. Date Incorporated or C	lualified					
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33733							06/07/1985						
]								4. FEI Number				App	lied For
9 Dianiant	Year of Decal			8 4 - 111 A - L-1				59-2561561					Applicable
2. Principal Place of Business			2a. 26	2a. Mailing Address				5. Certificate of Status De	sired			75 Ad e Rec	dditional wired
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Fina	ancina	1			av Be
22				27				Trust Fund Contribution	_			ed to	
City & State				City & State				7. Is this nonprofit corpora	ation a h	omeown		ation'	?
23				28					<u> </u>	Yes	⊠ No		
Zip		Country		Zip	Cou	intry		8. This corporation owes	-		_ ′		
24	9. Name	25 and Address of Curre	29 ent Regist	ered Agent	30			Personal Property Tax			∐ Yes L Agent		No
	5. Hum.	, and radious of Gain	on nogio	crou Agent		81	Name	10. Name and Address of	14010 110	gisteret	Agent		·
ANDREV	VS. LANCE	FSQ.				-	a.						
	TH TERRA					82	Street Add	lress (P.O. Box Number is Not	Acceptat	oje)			
	ID AVE NE					83							
	ERSBURG				ŀ	84	City				85 2	Zip C	ode
							•			FI	_	•	
office or re	to the provis egistered ac	sions of Sections 617,05 gent, or both, in the Stat	502 and 61 te of Florid	17.1508, Florida Sta la. Such change wa	atutes, the at as authorized	ove-r	named corr he corpora	poration submits this statement tion's board of directors. I here	for the posterior	ourpose of the ap	of changir pointmen	ng its t as re	registered egistered
	m iamiliar w	ith, and accept the obli	igations of,	, Section 617.0503,	, Florida Statt	utes.				1	-		٠
SIGNATURE _	Signature, typed	d or printed name of registered a	gent and title i	f applicable. (NOTE: Registered	i Agent	signature requi	red when reinstating)		DATE			
		d or printed name of registered a OFFICERS A		TORS	NOTE: Registered	i Agent	signature requi	ired when reinstating) ADDITIONS/CHANGES 1	O OFFIC		D DIRECT	TORS	_
_	DVP	OFFICERS A					signature requi		O OFFIC		D DIRECT		IN 12
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1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kelygn John Jata QUIRED

1-6-98

327-1019

FILED

Jan 21 1998 8:00am

Secretary of State